

# **EXHIBIT E**

023876 M1K2PJA 064310

**EXPLANATION OF BENEFITS**

Please Retain for Future Reference  
NEUROLOGICAL SURGERY ASSOCIATES PA / PIN: 0009966647  
Check No: 08608-022478904  
Page 2 of 2 (1)

NEUROLOGICAL SURGERY ASSOCIATES PA  
1054 CLIFTON AVE  
CLIFTON NJ 07013-3638

Date Printed: 05/12/2011  
Tax Identification Number: XXXXXXXX0490

**Notes:**

Update your address, telephone number, email address and/or NPI information by visiting [www.aetna.com/provweb/](http://www.aetna.com/provweb/), [www.aetnadental.com](http://www.aetnadental.com) or [www.aetnaglobalbenefits.com](http://www.aetnaglobalbenefits.com) and select Update Personal Information.

**Patient Name:** D [REDACTED] (Spouse)

Claim ID: [REDACTED] Recd: 04/18/11 Member ID: [REDACTED] Patient Account: [REDACTED]

Member: D [REDACTED]

Group Name: LABORERS LOCAL NO. 754 JOINT BENEFIT FUNDS

Product: Aetna Open Access® Managed Choice®

Aetna Life Insurance Company

DIAG: 72210 7242 7244

Group Number: [REDACTED]

Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
04/08/11	21	7700226		413.00			413.00	1			413.00	0.00
04/08/11	21	69990	1.0	4,000.00			2,350.00	2		660.00	3,010.00	990.00
04/08/11	21	6304859		11,813.00			11,813.00	3			11,813.00	0.00
04/08/11	21	6304759		36,423.00			36,423.00	3			36,423.00	0.00
04/08/11	21	6303059		30,123.00			30,123.00	3			30,123.00	0.00
04/08/11	21	38230	1.0	4,408.00			3,717.25	4		276.30	3,993.55	414.45
<b>TOTALS</b>				<b>87,180.00</b>			<b>84,839.25</b>			<b>936.30</b>	<b>85,775.55</b>	<b>1,404.45</b>

ISSUED AMT: \$1,404.45

**Remarks:**

- 1 - The member's plan provides coverage for charges that are reasonable and appropriate as determined by Aetna. The charge for this service does not meet this requirement of the member's plan of benefits because this service is considered incidental to another procedure performed on the same date of service. U71
- 2 - The member's plan provides benefits for covered expenses at the prevailing charge level, as determined by Aetna, made for the service in the geographical area where it is provided. You may bill the member for the difference between the submitted and paid charges. 517
- 3 - The member's plan provides coverage for charges that are reasonable and appropriate as determined by Aetna. The charge for this service does not meet this requirement of the member's plan of benefits because this service is considered incidental to another procedure performed on the same date of service. V51
- 4 - The member's plan provides coverage for charges that are reasonable and appropriate as determined by Aetna. This procedure has been paid at the reasonable and customary rate which is 25% of the single procedure rate due to multiple surgical procedures performed on the same date of service. U67

For Questions Regarding This Claim  
P.O. BOX 981106 EL PASO, TX 79998-1106  
CALL (888) 632-3862 FOR ASSISTANCE

Note: All inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$85,775.55  
Claim Payment: \$1,404.45

**Total Payment to: NEUROLOGICAL SURGERY ASSOCIATES PA**

**\$1,404.45**

Protecting the privacy of member health information is a top priority at Aetna. When contacting us about this statement or for help with other questions, please be prepared to provide your Aetna provider number, tax identification number (TIN), or Social Security number (SSN), in addition to the Aetna member's ID number.

**EXPLANATION OF BENEFITS**

Please Retain for Future Reference  
NEUROLOGICAL SURGERY ASSOCIATES PA / PIN: 0009966647  
Check No: 08608-022436361  
Page 2 of 4 (1)

NEUROLOGICAL SURGERY ASSOCIATES PA  
1054 CLIFTON AVE  
CLIFTON NJ 07013-3638

Date Printed: 05/10/2011  
Tax Identification Number: XXXXXXXX0490

**Notes:**

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**Patient Name:** D [REDACTED] O [REDACTED] (Spouse)

Claim ID: [REDACTED] Recd: 04/18/11 Member ID: [REDACTED] Patient Account: [REDACTED]

Member: D [REDACTED] O [REDACTED]

Group Name: LABORERS LOCAL NO. 754 JOINT BENEFIT FUNDS

Product: Aetna Open Access® Managed Choice®

Aetna Life Insurance Company

DIAG: 72210 7242 7244

Group Number: [REDACTED]

Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
04/08/11	21	20926	1.0	2,502.00			502.00	1		800.00	1,302.00	1,200.00
<b>TOTALS</b>				<b>2,502.00</b>			<b>502.00</b>			<b>800.00</b>	<b>1,302.00</b>	<b>1,200.00</b>

ISSUED AMT: \$1,200.00

**Remarks:**

- 1 - The member's plan provides benefits for covered expenses at the prevailing charge level, as determined by Aetna, made for the service in the geographical area where it is provided. You may bill the member for the difference between the submitted and paid charges. 517

Claim ID: [REDACTED] Recd: 04/18/11 Member ID: [REDACTED] Patient Account: [REDACTED]

Member: D [REDACTED] O [REDACTED]

Group Name: LABORERS LOCAL NO. 754 JOINT BENEFIT FUNDS

Product: Aetna Open Access® Managed Choice®

Aetna Life Insurance Company

DIAG: 72210 7242 7244

Group Number: [REDACTED]

Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
04/08/11	21	38220	1.0	776.00			601.00	1		35.00	636.00	140.00
04/08/11	21	2289959	1.0	2,000.00			2,000.00	2			2,000.00	0.00
04/08/11	21	2289959	1.0	2,000.00			1,625.00	3		75.00	1,700.00	300.00
04/08/11	21	22851	1.0	11,360.00			860.00	4		581.55	581.55	9,918.45
04/08/11	21	22851	1.0	11,360.00			860.00	4				10,500.00
04/08/11	21	22840	1.0	18,175.00			1,175.00	4				17,000.00
<b>TOTALS</b>				<b>45,671.00</b>			<b>7,121.00</b>			<b>691.55</b>	<b>4,917.55</b>	<b>37,858.45</b>

ISSUED AMT: \$37,858.45

**Remarks:**

- The member's plan provides coverage for charges that are reasonable and appropriate as determined by Aetna. This procedure has been paid at 50% of the reasonable and customary rate due to multiple procedures performed on the same date of service. U65
- The member's plan provides coverage for charges that are reasonable and appropriate as determined by Aetna. This procedure exceeds the maximum number of services allowed under Aetna's guidelines for a single date of service. U55
- The member's plan provides coverage for charges that are reasonable and appropriate as determined by Aetna. This procedure has been paid at the reasonable and customary rate which is 25% of the single procedure rate due to multiple surgical procedures performed on the same date of service. U67
- The member's plan provides benefits for covered expenses at the reasonable charge as determined by Aetna, for the service in the geographical area where it is provided. In certain circumstances, especially where the service is unusual or not often provided in the geographical area, the reasonable charge may be determined by considering other factors, including the prevailing charge on other areas. You are not part of our network and therefore we cannot prevent you from billing the member for any balance. But if you do, we reserve the

Continued on Next Page

**EXPLANATION OF BENEFITS**

Please Retain for Future Reference  
JOHN R CIFELLI MD / PIN: 0007257240  
Check No: 08608-022538581  
Page 2 of 3

JOHN R CIFELLI MD  
1054 CLIFTON AVE  
CLIFTON NJ 07013-3638

Date Printed: 05/18/2011  
Tax Identification Number: XXXXXXXX3760

**Notes:**

Update your address, telephone number, email address and/or NPI information by visiting [www.aetna.com/provweb/](http://www.aetna.com/provweb/), [www.aetnadental.com](http://www.aetnadental.com) or [www.aetnaglobalbenefits.com](http://www.aetnaglobalbenefits.com) and select Update Personal Information.

**Patient Name:** D [REDACTED] O [REDACTED] (Spouse)

Claim ID: [REDACTED] Recd: 04/18/11 Member ID: [REDACTED] Patient Account: [REDACTED]

Member: D [REDACTED] O [REDACTED]

DIAG: 72210 7242 7244

Group Name: LABORERS LOCAL NO. 754 JOINT BENEFIT FUNDS

Group Number: [REDACTED]

Product: Aetna Open Access® Managed Choice®

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
04/08/11	21	22612	1.0	38,622.00			4,780.00	1			4,780.00	33,842.00
<b>TOTALS</b>				38,622.00			4,780.00				4,780.00	33,842.00

ISSUED AMT: \$33,842.00

**Remarks:**

- 1 - The member's plan provides benefits for covered expenses at the prevailing charge level, as determined by Aetna, made for the service in the geographical area where it is provided. You may bill the member for the difference between the submitted and paid charges. 517

Claim ID: [REDACTED] Recd: 04/18/11 Member ID: [REDACTED] Patient Account: [REDACTED]

Member: D [REDACTED] O [REDACTED]

DIAG: 72210 7242 7244

Group Name: LABORERS LOCAL NO. 754 JOINT BENEFIT FUNDS

Group Number: [REDACTED]

Product: Aetna Open Access® Managed Choice®

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
04/08/11	21	2263050		38,622.00			38,622.00	1			38,622.00	0.00
04/08/11	21	22630	1.0	38,622.00			6,057.00	2		1,044.30	7,101.30	31,520.70
04/08/11	21	20937	1.0	2,502.00			452.00	2			452.00	2,050.00
04/08/11	21	20936	1.0	1,877.00			838.00	2			838.00	1,039.00
04/08/11	21	20930	1.0	1,519.00			219.00	2			219.00	1,300.00
<b>TOTALS</b>				83,142.00			46,188.00			1,044.30	47,232.30	35,909.70

ISSUED AMT: \$35,909.70

**Remarks:**

- 1 - Payment has been made based on one unit since this primary procedure should not be billed as multiple units. Please resubmit additional units with appropriate Add-on code.
- 2 - The member's plan provides benefits for covered expenses at the prevailing charge level, as determined by Aetna, made for the service in the geographical area where it is provided. You may bill the member for the difference between the submitted and paid charges. 517

For Questions Regarding This Claim  
P.O. BOX 981106 EL PASO, TX 79998-1106  
CALL (888) 632-3862 FOR ASSISTANCE

Note: All Inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$52,012.30  
Claim Payment: \$69,751.70

**EXPLANATION OF BENEFITS**

Please Retain for Future Reference  
NEUROLOGICAL SURGERY ASSOCIATES PA / PIN: 0009966647  
Check No: 08608-022436361  
Page 3 of 4 (1)

**Patient Name:** D [REDACTED] O [REDACTED] (Spouse)

**Remarks (cont):**

right to challenge your bill. 735

Claim ID: [REDACTED] Recd: 04/18/11 Member ID: [REDACTED] Patient Account: [REDACTED]

Member: D [REDACTED] O [REDACTED]

Group Name: **LABORERS LOCAL NO. 754 JOINT BENEFIT FUNDS**

Product: **Aetna Open Access® Managed Choice®**

**Aetna Life Insurance Company**

DIAG: **72210 7242 7244**

Group Number: [REDACTED]

Network ID: **00000**

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
04/08/11	21	69990AS		4,000.00			4,000.00	1			4,000.00	0.00
04/08/11	21	6304859	1.0	11,813.00			10,538.60	2		254.88	254.88	1,019.52
		AS										
04/08/11	21	6304759	1.0	36,423.00			33,068.64	2		670.87	670.87	2,683.49
		AS										
04/08/11	21	6303059	1.0	30,123.00			28,413.00	3		342.00	28,755.00	1,368.00
		AS										
04/08/11	21	38230AS		4,408.00			4,408.00	1			4,408.00	0.00
04/08/11	21	2289959		2,000.00			2,000.00	1			2,000.00	0.00
		AS										
<b>TOTALS</b>				<b>88,767.00</b>			<b>82,428.24</b>			<b>1,267.75</b>	<b>40,088.75</b>	<b>5,071.01</b>

ISSUED AMT: \$5,071.01

**Remarks:**

- 1 - The prevailing reimbursement for this surgery includes any elective services of a surgeon or nurse assisting the operating surgeon. Therefore, the charge for the assistant surgeon, co-surgeon, or surgical team is not covered under the member's plan. 377
- 2 - The member's plan provides coverage for charges that are reasonable and appropriate as determined by Aetna. This has been paid following Aetna's guidelines for multiple procedures and services performed on the same date of service. U14
- 3 - The member's plan provides coverage for charges that are reasonable and appropriate as determined by Aetna. This procedure has been paid at 50% of the reasonable and customary rate due to multiple procedures performed on the same date of service. U65

Claim ID: [REDACTED] Recd: 04/18/11 Member ID: [REDACTED] Patient Account: [REDACTED]

Member: D [REDACTED] O [REDACTED]

Group Name: **LABORERS LOCAL NO. 754 JOINT BENEFIT FUNDS**

Product: **Aetna Open Access® Managed Choice®**

**Aetna Life Insurance Company**

DIAG: **72210 7242 7244**

Group Number: [REDACTED]

Network ID: **00000**

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/23/11	11	99215	1.0	400.00			130.00	1	26.00	97.60	253.60	146.40
<b>TOTALS</b>				<b>400.00</b>			<b>130.00</b>		<b>26.00</b>	<b>97.60</b>	<b>253.60</b>	<b>146.40</b>

ISSUED AMT: \$146.40

**Remarks:**

- 1 - The member's plan provides benefits for covered expenses at the prevailing charge level, as determined by Aetna, made for the service in the geographical area where it is provided. You may bill the member for the difference between the submitted and paid charges. 517

For Questions Regarding This Claim

P.O. BOX 981106 EL PASO, TX 79998-1106

**CALL (888) 632-3862 FOR ASSISTANCE**

Note: All Inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$46,561.90

Claim Payment: \$44,275.86



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

006946 M1K2PHA 009373

## EXPLANATION OF BENEFITS

Please Retain for Future Reference  
NEUROLOGICAL SURGERY ASSOCIATES PA / PIN: 0009966647  
Page 1 of 1 (1)

NEUROLOGICAL SURGERY ASSOCIATES PA  
1054 CLIFTON AVE  
CLIFTON NJ 07013-3638

Date Printed: 04/26/2011  
Tax Identification Number: XXXXXXXX0490

### Notes:

Update your address, telephone number, email address and/or NPI information by visiting [www.aetna.com/provweb/](http://www.aetna.com/provweb/), [www.aetnadental.com](http://www.aetnadental.com) or [www.aetnaglobalbenefits.com](http://www.aetnaglobalbenefits.com) and select Update Personal Information.

**Patient Name:** D [REDACTED] O [REDACTED] (Spouse)

Claim ID: [REDACTED] Recd: 04/18/11 Member ID: [REDACTED] Patient Account: [REDACTED]

Member: D [REDACTED] O [REDACTED]

Group Name: LABORERS LOCAL NO. 754 JOINT BENEFIT FUNDS

Product: Aetna Open Access® Managed Choice®

Aetna Life Insurance Company

DIAG: 72210 7242 7244  
Group Number: [REDACTED]  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
04/08/11	21	22612AS		38,622.00			38,622.00	1			38,622.00	0.00
04/08/11	21	20937AS		2,502.00			2,502.00	1			2,502.00	0.00
<b>TOTALS</b>				<b>41,124.00</b>			<b>41,124.00</b>				<b>41,124.00</b>	<b>0.00</b>

ISSUED AMT: NO PAY

### Remarks:

1 - A claim has not been received from the primary surgeon. Assistant surgery claim is not eligible unless a claim for the same procedure is received from the primary surgeon. Please check with the primary surgeon and resubmit after the primary surgeon has submitted his/her claim. X37

Claim ID: [REDACTED] Recd: 04/18/11 Member ID: [REDACTED] Patient Account: [REDACTED]

Member: D [REDACTED] O [REDACTED]

Group Name: LABORERS LOCAL NO. 754 JOINT BENEFIT FUNDS

Product: Aetna Open Access® Managed Choice®

Aetna Life Insurance Company

DIAG: 7220 72210 7242  
Group Number: [REDACTED]  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/18/11	11	99245	1.0	700.00			226.00	1	474.00		474.00	0.00
<b>TOTALS</b>				<b>700.00</b>			<b>226.00</b>		<b>474.00</b>		<b>474.00</b>	<b>0.00</b>

ISSUED AMT: NO PAY

### Remarks:

1 - This claim was paid in accordance with the MultiPlan/Viant agreement. The member is not responsible for this charge. X58

For Questions Regarding This Claim  
P.O. BOX 981106 EL PASO, TX 79998-1106  
CALL (888) 632-3862 FOR ASSISTANCE

Note: All inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$41,598.00  
Claim Payment: \$0.00

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**EXPLANATION OF BENEFITS**

Please Retain for Future Reference  
NEUROLOGICAL SURGERY ASSOCIATES PA / PIN: 0009966647  
Check No: 08608-022499225  
Page 2 of 2 (1)

NEUROLOGICAL SURGERY ASSOCIATES PA  
1054 CLIFTON AVE  
CLIFTON NJ 07013-3638

Date Printed: 05/13/2011  
Tax Identification Number: XXXXXXXX0490

**Notes:**

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**Patient Name:** D [REDACTED] (Spouse)

Claim ID: [REDACTED] Recd: 04/18/11 Member ID: [REDACTED] Patient Account: [REDACTED]

Member: D [REDACTED] OS [REDACTED]

Group Name: LABORERS LOCAL NO. 754 JOINT BENEFIT FUNDS

Product: Aetna Open Access® Managed Choice®

Aetna Life Insurance Company

DIAG: 72210 7242 7244  
Group Number: [REDACTED]

Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
04/08/11	21	22630AS	1.0	38,622.00			34,714.20	1		1,563.12	36,277.32	2,344.68
<b>TOTALS</b>				38,622.00			34,714.20			1,563.12	36,277.32	2,344.68

ISSUED AMT: \$2,344.68

**Remarks:**

1 - The covered medical expense is based on an Aetna determination of a reasonable charge in the area or negotiated rate in the network for the services performed, as well as adjustment of procedure codes or application of multiple procedure percentage allowances. You may bill the member for the difference between the submitted and paid charges. 616

For Questions Regarding This Claim  
P.O. BOX 981106 EL PASO, TX 79998-1106  
CALL (888) 632-3862 FOR ASSISTANCE

Note: All inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$36,277.32

Claim Payment: \$2,344.68

**Total Payment to: NEUROLOGICAL SURGERY ASSOCIATES PA**

**\$2,344.68**

Protecting the privacy of member health information is a top priority at Aetna. When contacting us about this statement or for help with other questions, please be prepared to provide your Aetna provider number, tax identification number (TIN), or Social Security number (SSN), in addition to the Aetna member's ID number.